

REMARKS

This is in response to the Office Action mailed on October 5, 2004, and the references cited therewith.

Claims 1, 2, 8-10, 12, 13, 15, 18, 19, and 21 are amended, no claims are canceled, and no claims are added; as a result, claims 1-21 remain pending in this application.

Information Disclosure Statement

Applicant submitted an Information Disclosure Statement and a 1449 Form on April 20, 2001. Applicant respectfully requests that an initialed copy of the 1449 Form be returned to Applicants' Representatives to indicate that the cited references have been considered by the Examiner.

§103 Rejection of the Claims

Claims 1-21 were rejected under 35 USC § 103(a) as being unpatentable over Reuss et al. (U.S. 6,364,834) in view of Mayaud et al. (U.S. 5,845,255).

Reuss describes a medical **monitoring** system. In particular, Reuss describes an “integrated medical **monitoring** system comprising at least one **patient monitor**, at least one **central monitor**, and at least one remote access device which are tied together through an integrated communications link is disclosed. The communications between various components of the system are bi-directional, thereby affording the opportunity to **establish monitoring parameters** from remote locations, provide **interactive alarms and monitoring capabilities**, and provide data exchange between components of the system.” (Abstract). To this end, the device in Reuss has a pressure cuff, ECG electrodes, and oximetry sensors. In view of the **monitoring** nature of Reuss, and as conceded in the office action, Reuss does not disclose detecting selection of at least one code corresponding to healthcare data relevant to a patient.

In contradistinction to Reuss, Mayaud describes a **prescription management system**. Mayaud describes codes exclusively in a **security context** and does not describe or even suggest

the transmission of codes corresponding to a medical diagnosis. This is clearly evident from the passage cited in the Office Action:

Security

Security may be provided by password protection operating hierarchically on one or more levels, to provide varying degrees of access according to the user's level of authorization, as desired. **Additional password or numeric code control** may protect sensitive system-accessed information, for example, patient records, or parts thereof, or physician-user data, including personal lists and prescribing profiles.

Patient record **access codes** can, in selected instances, be patient provided, or granted by intelligent security control cards, having been furnished to the patient by a system administrator, or agent, prior to the physician encounter. **Physician or other user access** to a patient's record, or to sensitive details thereof, can thereby be **restricted** to a need-to-know basis. Access by third parties to physician-related data can be similarly protected.

(Col. 10, lines 12-27).

In contrast to both Reuss and Mayaud, the present invention relates to the communication of healthcare information using codes.

Claim 1 of the present application has been amended to clarify the invention and has not been amended to overcome the prior art cited by in the Office Action. Claim 1, as amended, reads as follows:

“A method of communicating healthcare information, the method comprising:
generating a set of codes each corresponding to respective healthcare data, the healthcare data including a plurality of medical diagnoses each of which corresponds to at least one code;
storing the set of codes and the medical diagnoses in a memory of a portable terminal;
displaying the set of codes and the medical diagnoses on a display of the portable terminal;
detecting selection of at least one code corresponding to a medical diagnosis relevant to a patient; and
wirelessly transmitting the selected at least one code to a recipient.”

The Office Action concedes that Reuss does not disclose “detecting selection of at least one code corresponding to healthcare data relevant to a patient” which has now been amended to

read “detecting selection of at least one code corresponding to a medical diagnosis relevant to a patient” to clarify the term “healthcare data.”

As mentioned above, Mayaud only describes access codes and does not teach or even suggest the limitation of “detecting selection of at least one code corresponding to a medical diagnosis relevant to a patient.” It is thus submitted that neither Reuss nor Mayaud, individually or in combination, teach or even suggest all the limitations of claim 1. Accordingly, claim 1 is allowable. As claims 2-8 are dependent upon claim 1, they are also allowable.

Claim 9, as amended, includes the limitation of “a selector operable by a user to select desired codes of the set of codes for transmission to the recipient, the desired codes identifying a medical condition.” In view of the comments above it is also submitted that neither Reuss nor Mayaud, individually or in combination, teach or even suggest all the limitations of claim 9. Accordingly, claim 9 is allowable. As claims 10 and 11 are dependent upon claim 9, they are also allowable.

Claim 12, as amended, includes the limitation of “a selector operable by a user to select a medical diagnosis for transmission as a corresponding code to the recipient.” In view of the comments above it is also submitted that neither Reuss nor Mayaud, individually or in combination, teach or even suggest all the limitations of claim 12. Accordingly, claim 12 is allowable. As claims 13-17 are dependent upon claim 12, they are also allowable.

Claim 18, as amended, includes the limitation of “a first server to communicate with the gateway, to receive the healthcare information from the gateway and to communicate the healthcare information to a patient on which diagnosis was performed via a second network.” Neither Reuss nor Mayaud, individually or in combination, teach or even suggest all the limitations of claim 18. Accordingly, claim 18 is allowable. As claims 19 and 20 are dependent upon claim 18, they are also allowable.

Claim 21, as amended, includes the limitation of “generating a display of a set of codes and medical diagnoses on a portable terminal, each code corresponding to respective healthcare

AMENDMENT AND RESPONSE UNDER 37 CFR § 1.111

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Page 10

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data, the healthcare data including the medical diagnoses each of which corresponds to at least one code." In view of the remarks above, it is submitted that claim 21 is allowable.

Conclusion

Applicants respectfully submit that the claims are in condition for allowance, and notification to that effect is earnestly requested. The Examiner is invited to telephone Garth Vivier at 408-705-2698, to facilitate prosecution of this application.

If necessary, please charge any additional fees or credit overpayment to Deposit Account No. 19-0743.

Respectfully submitted,

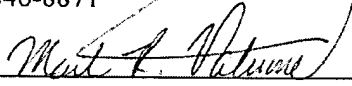
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CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to: MS Amendment, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 5 day of January, 2005.

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